

CECIL COUNTY PUBLIC SCHOOLS
Home and Hospital Education & Home Instruction
201 Booth Street
Elkton, MD 21921
Phone: 410-996-5660 Fax: 410-996-5454

CONFIDENTIAL

HOME SCHOOLING NOTIFICATION

Instructions: Complete and return form to: Berkeley C. Orr, Jr., Program Supervisor for Student Services at the above mailing address.

State regulation requires that this form must be submitted at least fifteen (15) days prior to starting Home Schooling for administrative purposes.

PLEASE PRINT: ALL SECTIONS MUST BE COMPLETED BY PARENT OR LEGAL GUARDIAN

PART A:

Student(s) Name			Gender		Date of Birth		Current Grade
Last	First	Middle	M	F	Month/Year		

Special Education (*optional*): Yes No

Race (*Optional*):

- | | | |
|-----------------------------------|----------|---|
| American Indian or Alaskan Native | Asian | African American |
| White | Hispanic | Native Hawaiian or Other Pacific Islander |

Parent's/Guardian's Name: _____

Last
First
Middle Initial

Address: _____

City	State	Zip Code
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(*Optional*) Alternative method of contact:

Home Phone: _____ Business Phone: _____

Email: _____ Fax Number: _____

PART B:

1. I hereby CERTIFY that I have read and understand the requirements in COMAR 13.A.10.01.01.05, Home Instruction Program, attached hereto.

2. a. I would like my child/children to participate in the standardized testing program; or
 b. I would not like my child/children to participate in the standardized testing program.

PART C: (A SEPARATE PART C MUST BE COMPLETED FOR EACH CHILD)

Student Name: _____

Parents must select either A or B

Parents selecting A: will maintain a portfolio of materials which demonstrates that regular, thorough instruction is being provided according to .01C,.01D, and .01E. The portfolio will be reviewed by the local school system’s personnel at least twice during the year at a mutually agreeable time and place.

A. I hereby AGREE that I will comply with state regulation COMAR 13.A.10.10.01.C.01D and .01E

Or – Parents selecting B: will use correspondence courses under the supervision of a school or institution offering an educational program operated by a bona fide church organization that provides for .05A(1), .05A(2), .05A(3), and .05A(4), or under the supervision of a nonpublic school with a certificate of approval from the State Board of Education that provides for .05B(1) and .05B(2). The local school system will verify this information. Please note that the school system will not conduct portfolio review for parents teaching under .05A or .05B.

B. I hereby CERTIFY that I will be using correspondence courses under the supervision of a nonpublic school with a certificate of approval from the State Board of Education, or under the supervision of a school or institution offering an educational program operated by a bona fide church organization under COMAR 13A.10.10.05.

Name of Nonpublic School		

Address: _____		

City/County	State	Zip Code

Signature of Parent/Guardian Date

Public home school name (Optional): _____

FOR LEA USE ONLY

Signature of LEA Staff Receiving Form Title Date

Entered/Transferred to Home Schooling on _____ from _____

WD/transferred from Home Schooling on _____ to _____